PROFESSIONAL GROWTH ACTIVITY APPLICATION (SECONDARY SCHOOLS) 2020-2021

Instructions:

This is a Microsoft Word document that uses "form fields" and "check boxes". To complete your application, please click on the grey box following each item. The "form field" box will expand as needed as you type in your information; the "check box" will fill in an "x" when you click it. You can "tab" between boxes. The form must be signed by your Principal.

Along with your application please send the following items: an itemized paid receipt, course description and an official transcript or final report card indicating completion of the course. Applications will not be accepted with-out these documents.

When you are finished, save your document and email it to the address below as an attachment along with electronic copies of the required documents listed above. If you have any questions, please contact Stephanie Welling using the contact information found at the end of this form.

Staff Membe	er's Name:	School:					
Home Addre	ess:	City, Sta	ate, Zip Code:				
Email Addre	SS:						
Title of work	cshop, conference, course, etc.:						
Term and ye	ar of workshop, conference, course, etc.: (e.g. fall	l, 14, spri	ng 15, summer 12	etc.):			
Name of uni	versity, organization, or institution providing the	workshop	o, conference, cou	rse, etc.:			
Location of v	workshop, conference, course, etc.:						
Type of activ	vity (e.g. college course, workshop, conference, co	onvention	n, etc.):				
	penefits expected and the connection of this activitivity position:	ty to you	r specific teaching	, administrative, or extra-			
If the activity	y is a college/university credit course:						
1. 2.	How many semester credit hours are to be earned Which method will you use to document comple		report card	transcript			
If the activity	y is a workshop, conference or other non-credit ac	ctivity:					
1.	1. How many CEU's (Continuing Education Units) are to be earned?						
perio	contact hours = 1 CEU. Contact hours are counted for instruct ods, etc. An activity must consist of at least 5 contact hours (1 isting of less than 5 contact hours unless the staff member par emic year that together total at least five contact hours.)	/2 CEU) to	be approved. CEU's	are not awarded for activities			
2.	Which method will you use to document comple	etion:	certificate of letter from sp	attendance onsor verifying attendance			
	cing 50% reimbursement for the cost of eligible tu eimbursement per academic year consisting of a s						

If yes, what is the total amount you were charged for tuition, fees, books, and materials? (Please enter the total charges, <u>not</u> 50% of the total charges) \$

(Note: finance charges, late fees, etc. are not eligible for reimbursement.)

Will this activity, if approved and completed, qualify you to move to the next lane of the salary scale?

If yes, which lane:				
BA+15	BA+30	MA	MA+15	MA+30

(Official transcripts must be provided for all courses being used to move to the next salary lane no later than September 10 for the first semester changes and February 10 for second semester changes.)

Staff members are responsible for providing written documentation from the organization providing the activity (see other side for acceptable types) verifying that the activity has been completed successfully by the deadlines listed below to the address at the bottom of this page.

Deadlines: Summer term – September 30 Fall term – January 31 Spring term – June 30

Please attach the following documents:

- 1. A.. For college or university courses, a copy of the official course description from the school's bulletin or other publications
 - B. For workshops, conferences or other non-credit professional growth activities, a copy of the official schedule from the organization's brochure or other publication.
- 2. For courses or other professional growth activities for which 50% reimbursement is sought:

A copy of the tuition and fees bill or statement from the university or professional growth activity provider – this document should contain:

- your name,
- the term during which the course was taken or the date of the workshop or other activity
- the description of the charges (e.g., tuition, technology fee, student activity fee, etc)
- the cost of each charge and a paid receipt

Please note that incomplete forms or applications lacking the documentation requested cannot be processed.

Reimbursements cannot be processed without a copy of the financial document described above. This documentation is required by the auditors to verify that we are reimbursing you 50% of the amount you have expended.

Reimbursement checks are generally received three weeks or less of submitting all required documentation.

Please send all documents, both to apply for reimbursement and to document completion, to:

Cathy Fetter, Associate Superintendent for Secondary Education 20 Archbishop May Dr., St. Louis, MO 63119 Email: <u>cathyfetter@archstl.org</u> Phone: 314-792-7392 Fax: 314-792-7309

Principal Signature;_____ Form revised: July 2020 _Date:__